

## SUMMARY OF PERFORMANCE (SOP) Instructions for Completing ED635

**Purpose:** The Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004 (IDEA 2004). The language as stated in IDEA 2004 regarding the SOP is as follows: For a child whose eligibility under special education terminates due to graduation from secondary school with a regular diploma, or due to exceeding the age of eligibility, the local education agency **shall** provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's postsecondary goals.

The SOP, with accompanying documentation, is also critical as a student transitions from high school to higher education, training and/or employment. This information is necessary under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to establish a student's eligibility for reasonable accommodations and supports in *postsecondary* settings. It is also important for determining eligibility and programming for the Bureau of Rehabilitation Services (BRS), the Department of Mental Retardation (DMR) or any agency that requires documentation to provide services and/or reasonable accommodations for a student.

The SOP **must** be completed during the final year of a student's high school education. The timing of completion of the SOP may vary depending on the student's post secondary goals. If a student is transitioning to higher education, the SOP, with accompanying documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from BRS or DMR. In some instances, it may be most appropriate to wait until the spring of a student's final year to provide an agency or employer the most updated information on the performance of the student.

**Part 1: Student Demographics** – Complete this section as specified. Please note this section also requests that you provide copies of the **most recent** formal and informal assessment reports that document the student's disability and provides information to assist in post-high school planning.

**Part 2: Student's Postsecondary Goal(s)** – These goals should identify the post-school environment the student intends to transition to upon completion of their high school education.

**Part 3: Summary of Performance** – This section includes three critical areas of student performance: academic, cognitive, and functional levels of performance. Next to each specified area, please complete the student's present level of performance and the accommodations, modifications and assistive technology that were **essential** in high school to assist the student in making progress. If not applicable, please specify the reason (i.e., age-appropriate, skills mastered, etc.)

An **Accommodation** is defined as a support or service that is provided to help a student fully access the general education curriculum or subject matter. Students with impaired spelling or handwriting skills, for example, may be accommodated by a note taker or given permission to take class notes on a laptop computer. An accommodation *does not change the content* of what is being taught.

A **Modification** is defined as a change to the general education curriculum or other material being taught. Teaching strategies, for example, can be modified so that the material is presented differently and/or the expectations of what the student will master are changed.

**Assistive Technology** is defined as any device that helps a student with a disability function in a given environment, but does not limit the device to "high-tech or costly" options. Assistive technology can also include simple devices such as laminated pictures for communication, removable highlighter tapes, velcro and other "low-tech" devices.

The completion of this section may require the input from a number of school personnel including the special education teacher, regular education teacher, school psychologist or related services personnel. It is recommended that one individual be responsible for collecting the information required on the SOP.

**Part 4: Recommendations to assist student in meeting post secondary goals** – This section should describe any **essential** accommodations, modifications, assistive technology or general areas of need that students will require to be successful in a **post-high school** environment, including higher education, training, employment, independent living and/or community participation. If not applicable, please specify the reason (i.e., age-appropriate, skills mastered, etc.).

**Part 5: Student Input (Optional).** It is highly recommended that the student provide information related to this Summary of Performance. The student's contribution can help (a) secondary professionals complete the summary, (b) the student to better understand the impact of his/her disability on academic and functional performance in the postsecondary setting, and (c) postsecondary personnel to more clearly understand the impact of the disability on this student. This section may be filled out independently by the student or completed with the student through an interview.

A copy of this Summary of Performance can be found on the Department of Education's website at: <http://www.state.ct.us/sde/deps/special/index.htm>.

**[DISTRICT NAME] PUBLIC SCHOOLS  
SUMMARY OF PERFORMANCE**

**Part 1: Student Information**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Year of Graduation/Exit:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (town, state) (zip code)

**Telephone Number:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_

**Current School:** \_\_\_\_\_ **Name of person completing this form:** \_\_\_\_\_

**Telephone number of person completing this form:** \_\_\_\_\_ **Date Summary was completed:** \_\_\_\_\_

**Date of most recent IEP:** \_\_\_\_\_

**Student's primary disability:** \_\_\_\_\_ **Student's secondary disability, if applicable:** \_\_\_\_\_

**When was the student's disability (or disabilities) formally diagnosed?** \_\_\_\_\_

**Please attach copies of the most recent assessment reports that address academic, cognitive and functional performance and were instrumental in making a determination of the student's disability or diagnosis, and/or that will assist in postsecondary planning.**

**Part 2 – Student's Postsecondary Goal(s)**

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**Part 3 – Summary of Performance**

ACADEMIC CONTENT AREA	Present Level of Performance (grade level, standard scores, strengths, weaknesses)	<u>Essential</u> accommodations/ modification and/or assistive technology utilized in high school
<b>Reading</b> (Basic reading/decoding; reading comprehension; reading speed)		
<b>Math</b> (Calculation skills, math problem solving)		

<b>Language</b> (Written composition, written and oral expression, spelling)		
<b>Learning Skills</b> (class participation, note-taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)		
<b>COGNITIVE AREAS</b>	<b>Present Level of Performance</b>	<b><u>Essential</u> accommodations/modification and/or assistive technology utilized in high school</b>
<b>General Ability and Problem Solving</b> (reasoning/processing)		
<b>Attention and Executive Functioning</b> (energy level, sustained attention, memory functions, processing speed, impulse control, activity level)		
<b>Communication</b> (speech/language, augmentative communication)		
<b>Additional Relevant Factors</b> (other cognitive strengths/weaknesses, conducive learning environments, effective learning strategies, etc.)		
<b>FUNCTIONAL AREAS</b>	<b>Present Level of Performance</b>	<b><u>Essential</u> accommodations/modification and/or assistive technology utilized in high school</b>
<b>Career/Vocational/Transition</b> (Career interests, career exploration opportunities, job training opportunities)		

<b>Social Skills and Behavior</b> (Interactions with teachers/peers, level of initiation in asking for assistance, responsiveness to services and accommodations, degree of involvement in extracurricular activities, confidence and persistence as a learner, emotional or behavioral issues related to learning and/or attention)		
<b>Independent Living Skills</b> (Self-care, leisure skills, personal safety, mobility, transportation, banking, budgeting)		
<b>Self-Determination/Self-Advocacy Skills</b> (Ability to identify and articulate learning strengths and weaknesses, ability to ask for assistance with independence)		
<b>Additional important considerations</b> that can assist in making decisions about disability determination and needed accommodations (e.g., medical problems, family concerns, sleep disturbance, etc.)		

#### **Part 4 – Recommendations to assist student in meeting post secondary goals**

What are the **essential** accommodations, modifications, assistive technology or general areas of support that students will need to be successful in the following **post-high school** environments:

<p><b>Higher Education or Vocational Training:</b></p> <p><b>Employment:</b></p> <p><b>Independent Living:</b></p> <p><b>Community participation:</b></p>
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## Part 5 – Student Input (Optional)

### SUMMARY OF PERFORMANCE: STUDENT PERSPECTIVE

- A. How does your disability affect your school work and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?**
  
- B. In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?**
  
- C. Which of these accommodations and supports has worked best for you?**
  
- D. Which of these accommodations and supports has not worked?**
  
- E. What strengths and needs should professionals know about you as you enter the college or work environment?**
  
- F. Are you independent in advocating for your needs?**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_